



# EmployeeUPDATE

*Our Mission: The Department of Health and Human Services, in collaboration with our partners, protects the health and safety of all North Carolinians and provides essential human services.*

**A monthly publication for employees of the North Carolina Department of Health and Human Services**

## **Partnership for a Healthier North Carolina Governor, Secretary announce bold initiative to reform Medicaid**

In April Governor Pat McCrory and Secretary Aldona Was launched The Partnership for a Healthier North Carolina as the framework for a statewide overhaul of the Medicaid delivery system. The partnership was developed with input from stakeholder groups, including consumers, providers and advocates, over the past few months.

More than 160 responses came after DHHS issued a Request for Information. Medicaid Director Carol Steckel and her staff reviewed all the responses and developed the basic concepts of the framework, but as Dr. Was stated in the news conference, the work to build a “sustainable and predictable system for the future” has just begun.

“We need creative and innovative ideas from the public and private



Secretary Was fields reporter questions during announcement.  
– Photos courtesy of Katy Warner, N.C. Department of Transportation

sectors to make this vision a reality,” Was said. “We are inviting everyone to join us in creating a Medicaid system that cares for the whole

person, increases preventive care and reduces the need for more expensive emergency care.”

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The framework is centered on the formation of approximately three Comprehensive Care Entities, which will be responsible for coordinating physical and behavioral healthcare for all Medicaid recipients. The CCEs will build or partner with existing providers or networks to ensure each individual will receive the right care at the right place and at the right time based upon their needs.

“We saw several common themes in the responses we received to the RFI, including our disjointed IT system and too much administrative duplication,” Steckel said. “But there was also agreement that our Medicaid system did not look at a person as a whole, separating physical health and mental health and even substance abuse into different silos of care that didn’t collaborate to improve patient outcomes. If our goal is to help our citizens become healthier, we need to find out what is working and build on that to accomplish that goal.”

The current Community Care of North Carolina (CCNC) program, as well as the managed care organizations supporting behavioral health services across the state, have demonstrated the value of managed care, but Steckel and Vos say it is time to take those models as well as the good and bad lessons learned by other states to a new level.

Secretary Vos and Steckel have already begun traveling across the state, holding meetings with hospital officials, doctors and other providers. In addition, they have announced regular office hours and “doctor days” to provide information about the framework and to solicit ideas and input from stakeholders. An RFP for the

## Availabilities set

Secretary Vos and N.C. Medicaid Director Carol Steckel are holding weekly office hours to meet with key stakeholders regarding Medicaid reform and the Partnership for a Healthier North Carolina. Their availabilities are on Tuesdays, Wednesdays and Thursdays, 10 a.m. until noon and 2 p.m. to 4 p.m. Please message to [RSVP@dhhs.nc.gov](mailto:RSVP@dhhs.nc.gov) to schedule.

## Medicaid updates online

Check out the latest news about Medicaid at: [www.ncdhhs.gov/medicaidreform](http://www.ncdhhs.gov/medicaidreform).



Governor McCrory enjoys a moment during press conference. He is joined by Carol Steckel, state Medicaid director and Secretary Vos.

formation of the Collaborative Care Entities is expected to be ready by January 2014, with a program launch planned by July 2015. ■

— Julie Henry, DHHS Public Affairs



Reporter has a question during press conference.



### **Safer Schools**

Secretary Was joined Department of Public Safety Secretary Kiernan Shanahan (front) in Edenton at the College of he Albemarle on April 9. They helped launch Gov. Pat McCrory's newly formed Center for Safer Schools effort to bring citizens and leaders together to learn about concerns and challenges related to school safety. Meetings continue across the state through May 2. For more information: [www.centerforsaferschools.org](http://www.centerforsaferschools.org).  
– Photo courtesy of Department of Public Safety



### **Partnership for a Healthy North Carolina**

Secretary Was met earlier this spring with Nash County Department of Social Services employees who are implementing cast management through NC FAST (North Carolina Families Accessing Services through Technology). While meeting with them in Nashville, she discussed details of the Partnership for a Healthy North Carolina, a plan that would focus Medicaid to meet needs of the whole person. Medicaid improvements will be integrated into the innovative NC FAST system.  
– Photo by Ricky Diaz, DHHS Public Affairs



### **Secretary visits Riddle Center, Broughton**

Secretary Was toured the J. Iverson Riddle Developmental Center last month where she met with leadership and focused on mission. In photo she and Carol Steckel, state Medicaid director, spoke with Dr. William Heeth, a primary care physician for residents at the center, and Fred R. Hinze, a licensed psychological associate who has provided psychology services at the center since 1975. The secretary also spent time across town with leaders at Broughton Hospital where a replacement building is under construction. Barring further weather delays, the new building is expected to be completed by December 2014.



## DHHS, local DSS leaders gather to focus on communications, customer service at summit

The N.C. Department of Health and Human Services hosted a Work Support Strategies leadership summit last month for teams from local departments of social services. During the summit, teams collaborated to produce action plans and updated business processes to support rollout of North Carolina Families Accessing Services through Technology (NC FAST) across the state.

“We are working with local DSS officials and their staff to improve communication and enhance customer service as we implement NC FAST across the state,” said DHHS Secretary Aldona Vos. “The Work Support Strategies grant supports the cultural business changes needed at both the state and local level to serve families as a whole.”

The Work Support Strategies: Streamlining Access, Strengthening Families initiative provides states, with the opportunity to design, test and implement more efficient and effective approaches to delivering key supports for low-income working families. North Carolina is one of six



Dottie Rosenbaum, senior policy analyst at the Center on Budget and Policy Priorities, speaks with DHHS and local social services staff members about the Work Support Strategies grant during statewide meeting in Raleigh. — Photo by Lori Walston, DHHS Public Affairs

states to receive implementation grant funding through the Ford Foundation and its partners, the Urban Institute and the Center on Budget and Policy Priorities.

NC FAST is an integrated case management tool designed to help county DSS staff to spend less time on administrative tasks and more time assisting families. As of March, DSS offices in all 100 counties were using the NC FAST tool for processing of food and nutrition services applications and recertifications. Four counties will begin to pilot the Medicaid phase of NC FAST in June, with all other counties to be phased in over the summer and actively using NC FAST for Medicaid, Work First, Special Assistance and Refugee Assistance by September.

For more information on the Work Support Strategies grant, visit [www.ncwss.com](http://www.ncwss.com). For more information about NC FAST go to [www.ncdhhs.gov/ncfast](http://www.ncdhhs.gov/ncfast). ■

— Lori Walston, DHHS Public Affairs

# MMIS Replacement on Track for July 1 Conversion

If NC Tracks were a building, the only construction remaining would be punch-list items. The major systems are undergoing testing to make sure they function properly before the moving vans arrive – in less than 2 months.

The July 1 switch to NC Tracks will replace not only the 35-year-old Medicaid Management Information System (MMIS), but also aging legacy systems that process and pay mental health, rural health and public health claims. NC Tracks, as the consolidated system is known, will incorporate features beneficial both to DHHS staff, such as powerful analytics and data mining capabilities, and to providers, such as real-time monitoring of submitted claims.

Staff members in several DHHS divisions are working with the Office of Medicaid Management Information System Services (OMMISS) to make sure all business procedures will be covered when NC Tracks goes live. The Division of Medical

Assistance (DMA), the Division of Public Health (DPH), the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), the Division of Information Resources Management (DIRM) and the Office of Rural Health and Community Care (ORHCC) are contributing substantial staff time into ensuring the transition is as smooth as possible.

Testing of NC Tracks is a top priority, as OMMISS and vendor Computer Sciences Corp. (CSC) make sure any issues are identified and remedied before July 1. A large-scale production simulation test recently ended. Lessons learned from that exercise will be incorporated into a smaller production simulation – a final dress rehearsal – scheduled for June.

End users of NC Tracks will begin a second round of user testing early this month. As in the previous user acceptance exercise, which began last fall and continued over the winter, participants ran test cases through

NC Tracks, successfully identifying issues that users encountered. OMMISS and CSC have been steadily whittling down the list in anticipation of this month's second round of user testing.

Meanwhile, training sessions are being offered to providers in six cities across the state. The sessions are tailored for three groups: institutional health care providers, medical providers and dental and pharmacy providers. All are encouraged to sign up, and those who cannot attend are offered webinar access or online computer-based training.

“Health care providers must make certain they have taken the necessary steps to ensure their claims will be processed and paid after July 1,” said Joe Cooper, chief information officer for DHHS. “We strongly encourage providers to take advantage of this opportunity for in-person training in their regions.” ■

– Brad Deen, DHHS Public Affairs

## Medicaid reform topic of recorded interview

Secretary Wos and Carol Steckel, state Medicaid director, talk about Medicaid reform and the Partnership for a Healthy North Carolina with anchor Tim Boyum from News14 at:

**Capital Tonight Extended Interview: DHHS Secretary Aldona Wos,  
Medicaid Director Carol Steckel.**

The recorded interview runs about 15 minutes.

# DHHS launches new Virtual Suggestion Box

Keeping in line with Secretary Wos' initial promise and desire to hear the comments and suggestions of all DHHS employees, a new web-based "suggestion box" is now live at <http://suggestionbox.dhhs.state.nc.us/>.

Since the Secretary began taking suggestions in January, we have received nearly 100 comments and suggestions. We thank you for that! Many of the suggestions that DHHS employees submitted were both valid and innovative ideas for improving the department. This new web-based suggestion box will not only help us to review and respond to suggestions faster, but it will also allow all employees across the state to have a sense of an "open-door" policy!

Secretary Wos realizes that there is no one who knows what is and is not working better than our employees out in the field. We want to hear your voice! We want to know what we could do better, but we also want to know what is working. If you or your department are working in an

efficient manner that you think should be implemented elsewhere, please let us know! As a department, we must continue to work as a family, where everyone has a voice and where everyone has the opportunity to affect change.

## Have a suggestion?

<http://suggestionbox.dhhs.state.nc.us/>

So, how will the site work? First and foremost, employees will be able to access webpage via any computer and the information will be used to hear your ideas. The information will be reviewed and assigned to a knowledgeable individual to respond to you. All submissions should average a response time of five business days. Depending on the complexity of the suggestion, the response will also explain any future actions it may require and updated periodically.

While the hand-written comments and suggestions method will still be available should employees wish to submit anonymously, the website will require "name" and "email address." There are two reasons for asking for contact information: (1) to provide you a response and/or explanation to your submission; and (2) should a suggestion need to be looked into further, there is very little that can be done with anonymous submissions.

We do want to take this opportunity to remind employees that any information communicated in the department may still be subject to public records laws and you should be careful what information you choose to share; however, the site administrator will never share your name or email address when gathering information for a response to you.

We hope that you all will find this new feature user friendly and an effective tool to have your ideas heard! ■

– Caitlin Clarke,  
Office of the Secretary



# DHHS Welcomes New Leaders



Sherry Bradsher

Sherry Bradsher, a 27-year state employee who started as a child protective services social worker in one of the state's most rural counties, has been promoted to Deputy Secretary of Human Services.

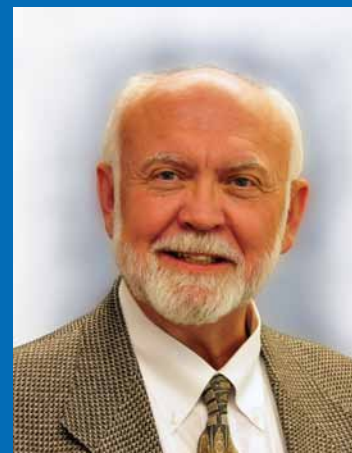
Sherry quickly worked her way to top management in one of the state's largest social services agencies. In 1999 she became a business lead for a project that led to the vision for NC FAST. In 2001 she was promoted to Deputy Director of the Division of Social Services and in 2006 she was promoted to Director of the division. In February 2013 she was named Acting Deputy Secretary for Long-Term Care and Family Services.

She serves as business lead for two of the DHHS's significant service redesign initiatives: Work Support Strategies and North Carolina Families Accessing Services through Technology (NC FAST). Her leadership in business process reengineering has led to the plan that is being implemented today. She has a Master's degree in Public Administration and Public Policy from East Carolina University. ■



Rob Kindsvatter

Rob Kindsvatter has been promoted to Director, Child Development and Early Education. Rob began his state career with the Division of Child Development (DCD) in 1994 as a Statistical Research Assistant. Over his career with DCD, Rob held progressive budgetary, programmatic and managerial responsibilities, including roles as the Division Budget Officer, Administration Section Chief and Division Director in 2007. Since that time Rob has served as the Deputy Director for the Division of Budget and Analysis in the DHHS Secretary's Office. Rob holds degrees in Economics and Business Administration from North Carolina State University. ■



David Oglesby

David Oglesby has been appointed Senior Legal Advisor – Grants, Contracts and Compliance in the Office of the Secretary. David has been a contracts professional for nearly 30 years, domestically and internationally. His experience also includes coordinating the creation of a non-profit human capital improvement organization in Thailand. He has served as the Assistant Regional Stewardship attorney for the Nature Conservancy Southeast Region and as Senior Contracts Officer for RTI International. Most recently he was the Director of the Office of Grants and Contracts at the Kenan Institute at UNC- Chapel Hill. David is a licensed attorney of the State of North Carolina. His law degree is from UNC- Chapel Hill and he holds Bachelors of Education and a Masters of Public Affairs degrees from North Carolina State University. ■

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Chet Spruill

Chet Spruill has been appointed to director of internal audit for DHHS. Chet began his career in 1989 in public accounting, focusing primarily on performing financial audits for large to mid-size companies and organizations operating in the manufacturing, governmental and non-profit industries. He joined CommScope, a global manufacturing leader in connectivity solutions for communications networks, in 1999. Over his 13 year career with CommScope he was responsible for overseeing the creation and development of CommScope's internal audit function. Chet holds a Bachelor of Science degree in Business Administration with a major in Accounting from Appalachian State University. He is also a Certified Public Accountant in the State of North Carolina. ■



Ricky Diaz

Ricky Diaz has been named communications director for DHHS, after serving as deputy communications director in the Office of the Governor and as press secretary for Gov. Pat McCrory's campaign.

Prior to joining the McCrory campaign, Diaz served as director of media affairs for New Jersey Gov. Chris Christie and as deputy communications director for Richard Burr's campaign for U.S. Senate. Diaz holds degrees in Economics and East Asian Studies from Vanderbilt University. ■



Mark Gogal

Mark Gogal has been appointed DHHS Human Resources Director. Mark has nearly 20 years of progressive, global and diverse human resources experience. Most recently, he was the Vice President and Global Head of Human Resources for Sigma Electric Manufacturing Corporation in Garner, where he developed and managed a global human resources organization supporting a worldwide workforce. Prior to Sigma, Mark had HR leadership roles at organizations such as Progress Energy, Interpath Communications and Square D. Mark holds a Bachelor of Business Administration degree in MIS/Management from James Madison University and a Masters of Management/Economics degree from North Carolina State University. ■



# 2012 DHHS Employee Engagement Survey overview

## Responses point up strengths and opportunities to improve

Last summer 5,000+ DHHS employees were asked to participate in a survey designed to gauge job satisfaction. More than 2,000 staff responded, providing a look at some of the department's strengths and weaknesses, as viewed through the experiences of its work force – both administrative and direct care.

Randomly selected employees were emailed the survey. Those without email were surveyed by the Department of Commerce. Data was analyzed by NC State University. Every effort was made to protect the confidentiality of responses.

Employees were asked to rate their job, division/facility, immediate supervisor, supervisor's manager and overall satisfaction. The survey was emailed to randomly selected employees. Those without email were surveyed on-site by the N.C. Department of Commerce. Data was analyzed by the Center on Urban Affairs and Community Services, Applied Research Group at N.C. State University.

**Overall, employees rated most questions at 60 percent or better, a gauge that most employees are reasonably satisfied.** Employees gave positive feedback in three satisfaction areas:

- Supervisor/66 percent
- Job/58 percent
- Division-Facility/54 percent

### WHAT WE DID BEST:

In general, employees feel a strong sense of personal accomplishment, a clear understanding of job expectations and how their work ties to the agency's goals and results. They also feel strongly that their immediate supervisor is a positive influence.

### WHERE WE CAN IMPROVE:

In rating their supervisor's manager, 40 percent of staff surveyed did not feel informed on key issues, valued or motivated by management.

In comparing the 2012 survey to the 2010 survey, the most positive change occurred in employees *feeling encouraged to do quality work* (12 percent), *being coached to develop skills* (4 percent), and *clarity about work unit goals* (3 percent).

The survey asked one open-ended question – *Are you considering leaving your division/facility within the next year?* 28 percent of employees replied they were considering leaving DHHS. The top four reasons were:

Career development	20 percent
Money	19 percent
Management	18 percent
Retirement	18 percent

### RECOMMENDATIONS

- Improved communication - the ability to be heard, to provide input into work solutions and to ensure that employees have relevant information on key issues critical to meeting the DHHS Goals. Talking with employees still remains the primary vehicle for engaging staff.
- Staff retention – managers have an opportunity to improve by encouraging early- and mid-career employees to take advantage of the benefits of continued employment.

This information was presented to the secretary and division directors in February. Individual agency “snapshots” were sent to all division/facility directors. Each division/facility is asked to identify and implement strategies to overcome weaknesses and track success over the next year.

A copy of the survey overview is available via email. Contact **Barb.Kunz@dhhs.nc.gov**. ■

# Child Care licensing moves toward greater outcomes for children and families

More than 250,000 North Carolina children were enrolled in over 7,600 child care centers and family child care homes in December 2012. These facilities provide early care and education for children from birth through pre-school, and out-of-school time care for school age children. DHHS regulates these programs within a star-rated license system, also known as a Quality Rating and Improvement System (QRIS).

A QRIS Advisory Committee to the Division of Child Development and Early Education (DCDEE) has released an Executive Summary of its review and recommendations for the state's QRIS. The committee studied the current system and considered evidence-based research on each of these elements:

- quality standards for programs and practitioners
- support/Infrastructure to meet standards
- monitoring and accountability
- on-going financial assistance
- engagement and outreach

They paid particular attention to cultural competence, inclusion, early learning standards, and compensation of the workforce. Out of this work came both short- and long-term recommendations to improve the star-rated license system and the broader system of early care and education. The committee proposed these recommendations to DCDEE as the basis for improvements that could be implemented over the course of the next decade.

The well-being and success of its children are integral to any prosperous community. North Carolina understands this and recognizes the high percentage of our children served in out-of-home child care programs. In 1999 the state implemented the star-rated license system to promote optimal learning environments for all children in early education and out-of-school-time programs. Families use star ratings to inform their choice of care providers, and programs with higher stars qualify for incentives.

The star-rated license system made North Carolina a national leader in establishing a reliable and valid method to differentiate programs at varying levels of quality. In 2009 key stakeholders from across the state agreed that North Carolina was ready to think toward the future for an even stronger QRIS. From the collaborative work of the QRIS Advisory Committee, DCDEE has a blueprint for the continued evolution of the state's QRIS and a vision for the highest quality of care and education for all of North Carolina's children.

■

– Karen Ferguson, Division of Child Development and Early Education

# Adults can help prevent underage drinking

Governor Pat McCrory declared April 2013 to be Alcohol Abuse Awareness Month. Alcohol abuse is a national problem that affects Americans of all ages and from all communities, races and ethnic backgrounds. Alcohol use causes more deaths to people younger than 21 years of age than all illegal drugs combined.

In North Carolina, underage drinkers consumed 9.7 percent of all alcohol sold during 2010, totaling \$526 million in sales, and more than 34 percent of high school students report drinking alcohol at least once within the past 30 days.

“The alcoholic beverages sold in convenience and grocery stores are more dangerous than ever because they contain high alcohol content, sugar and flavorings that make them attractive to young people,” said Jim Jarrard, acting director of the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

According to the American Medical Association, two-thirds of teens ages 13-18 gain access to alcohol from their home without consent from an adult. Adults should monitor and secure their alcohol in order to prevent underage drinking. To help with that effort, the North Carolina Preventing Underage Drinking Initiative developed the Talk It Up. Lock It Up! campaign to make sure that adults know what alcohol products are in the home and to make sure that alcohol is not accessible to



underage individuals. Parents and other adults need to know why this is important.

“Aside from the legal issues for the adult, this is an issue of child safety,” said Michael Eisen, state coordinator of the N.C. Preventing Underage Drinking Initiative (NC PUDI). “We wouldn’t leave dangerous chemicals around children in our homes. Why would we leave alcohol accessible to children or teenagers?”

Parents and adults can have a significant impact on a young person’s decision not to drink alcohol by creating clear guidelines that set a “no alcohol” rule and by enforcing that rule with zero tolerance.

Alcohol is the third leading preventable cause of cancer. It is also the leading cause of preventable death for young people, killing some 5,000 nationally each year. Youth age 15 and younger who drink alcohol are four times more likely to become dependent on alcohol and five times more likely to abuse alcohol later in life than those who wait until they are 21 or older to begin drinking alcohol.

Underage drinking alone costs the citizens of North Carolina \$1.5 billion in medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth, translating to an average cost of \$1,668 per year for each young person in the state.

The N.C. Preventing Underage Drinking Initiative asks adults to talk with the young people in their lives about the dangers of alcohol and to secure alcohol in their homes so that it cannot be accessed by underage people. More information can be found at [www.ncpud.org](http://www.ncpud.org).

The N.C. Preventing Underage Drinking Initiative (NC PUDI) is administered by the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services Community Policy Management Section, Office of Prevention.

— Chris Pfitzer, DMH/DD/SAS

## **N.C. Division of Social Services:** **Time to plant your Pinwheel Garden!**

Don't have a green thumb? Can't have plants in your office? No need to worry. Prevent Child Abuse North Carolina and the North Carolina Division of Social Services (DSS) can help. During April you could see blue ribbons and blue pinwheels around the state. They symbolized community efforts to raise awareness of child abuse and neglect.

Why blue? It was the action of Virginia grandmother Bonnie Finney, in 1983, who after seeing her grandson's fatally abused, battered and blue body, tied a blue ribbon to her car as a sign to her community that child abuse prevention is a community responsibility. Since that time the blue ribbon campaign has become a nationwide community event.

Gov. Pat McCrory proclaimed April as Child Abuse Awareness month. This proclamation calls upon all citizens, faith groups, medical facilities, elected leaders and businesses to increase their participation in efforts to support families, thereby preventing child abuse and strengthening our children and their families in the communities in which they live.

In North Carolina, Prevent Child Abuse is working in conjunction with proven child abuse prevention programs in local communities and local departments of social services to promote the awareness of child



In 2011, 24 children died at the hand of a parent or caregiver in North Carolina. This display in the waiting room of Wake Human Services' Swinburne Building honors these lives and raises awareness of the issue. – Lori Walston Photo

abuse and neglect through out the month of April. Prevent Child Abuse North Carolina's website [www.preventchildabusenc.org](http://www.preventchildabusenc.org) includes information about planning events in the community. You can download and print a blue ribbon or pinwheel along with other kid-friendly resources.

If planting a pinwheel garden is not for you there is another way you can help. Show everyone that you support the state's efforts to fight child abuse and neglect by purchasing a Kids First License plate.

These plates can be obtained by visiting your local DMV office or from the North Carolina Department of Transportation website. Your \$15 contribution will be returned to local North Carolina communities to fund grants and organize other child abuse and neglect prevention programs. ■

– Terri Reichert , Division of Social Services



## Danish visitors check benefits of Assistive Technology



Assistive Technology's Lynne Deese, left, demonstrates how a Macintosh laptop can operate with dual operating systems that jump between Apple and Microsoft products. That's a handy, economical tool when the best of both operating systems may benefit someone with certain disabilities. Her demonstration was viewed with interest – and several questions – by visitors from Denmark touring several locations in the U.S. to see innovations in assistive technology that benefit children. The team, left to right, Bent Dalgaard, Rasmus Brinchmann, Malene Jensen and Martin Branebjerg, is from the Maglemosen Center in Ballerup, in Denmark's Hovedstaden Region. The Maglemosen Center offers classes to young people who have difficulty communicating. The Assistive Technology Program is part of the Division of Vocational Rehabilitation Services. – Jim Jones Photo



## Security Corner

WITH PYREDDY REDDY  
DHHS PRIVACY AND SECURITY OFFICE

# Information security is everyone's responsibility

- **If your workspace is an office, lock it if it contains printed confidential documents when you are not in it.**
- **Question strangers in your building. If you do not feel safe approaching them, tell building security.**
- **Never loan someone your security badge or keys to get into an area.**
- **Do not share your user name and password with others. You will be held accountable for misuse of the account if the password is shared.**
- **Make passwords long and strong: Combine capital and lowercase letters with numbers and symbols to create a more secure password.**
- **Do not record (i.e., write down) your passwords where others may find them.**
- **Do not store unencrypted confidential information on external media such as thumb drive, CD, DVD, etc.**
- **Do not send confidential data via email. DHHS emails are not encrypted.**

**Do you have questions? Please contact the DHHS Privacy and Security Office at 919-855-3090. ■**



– Pyreddy Reddy, Chief DHHS Office of Privacy and Security

## **20 years**

# **DHHS bunny drive hits milestone**

DHHS employees in Raleigh contributed bunnies, chicks, lambs and other cuddly stuffed toy animals to benefit kids and adults in care centers in and around the Triangle over the spring holidays.

“Folks, we hit it out of the park this year,” bunny drive coordinator Beverly Godwin reported from the DHHS Controller’s Office in a celebratory email. “With only two weeks to collect bunnies/critters this year, our department collected 1,276 furry friends. DHHS ROCKS!!!!”

Over the past 20-years, the bunny drive has resulted in more than 17,000 warm fuzzy given to people in area hospitals, nursing homes and rehabilitation centers, according to Godwin.

“That’s a whole bunch of warm fuzzes we’ve provided to a lot of people over the years,” she said. “GREAT JOB!!!” Our furry friends were distributed to the following facilities:

*Wake Children’s ER*  
*Wake Pediatric Unit*  
*Wake Rehab*  
*Wake Children’s Same Day Surgery*  
*Rex Rehab*  
*Rex Pediatric Unit*  
*Johnston Memorial Hospital*  
*Western Wake Hospital*  
*Dunn Health and Rehab Center*  
*Liberty Commons Nursing and Rehab Center*  
*Betsy Johnson Hospital*  
*Barbour Court Nursing and Rehab Center*  
*Brian Center Health and Rehab – Clayton*  
*Johnston County Sheriff Dept.*

The following served as building coordinators and helpers during this year’s drive: Connie Rhynes, Shanda Snead, Helen Wilkins, Brenda Scott, Laura Honeycutt, Roxanne Daniels, Marcia Golden, Diana Bower, Janice Donaldson, Brenda Richardson, Brenda Eason, Linda Hansen, Karen Ausley, Doris McLamb, LeighAnn Rogers, Keia Parker, Jo Frazier and Laketha Miller. ■

– Jim Jones, DHHS Public Affairs

## **Statewide goal: 10 million pounds lost**

# **DHHS partners with groups to launch public health campaign**

DHHS and NC SPIN last month jointly announced a statewide public health education campaign and challenge called A Healthier NC. The effort was joined by the N.C. State Board of Education/ Department of Public Instruction, N.C. Department of Commerce and the North Carolina Conference of the United Methodist Church.

The “A Healthier NC” campaign and challenge provides free health journaling tools and access to a clearinghouse of North Carolina health resources and educational materials at **[www.ahealthiernc.com](http://www.ahealthiernc.com)**.

A Healthier NC has four key goals:

- To educate people on what healthy means...an understanding of how high blood pressure, high cholesterol, diabetes and obesity cause many of us to be unhealthy.

- To encourage each person in our state to understand their personal responsibility in improving their own health...better eating, more activity, losing weight.
- To promote a greater understanding of smarter access to healthcare...why establishing a relationship with a personal care physician is preferable to visiting the emergency department.
- To issue a challenge to our people to become A Healthier NC. We want to engage 1 million people in 15 million hours of activity and to lose 10 million pounds.

The campaign is sponsored by leading North Carolina health and community organizations, including the N.C. Academy of Family Physicians, N.C. Medical Society, N.C. DHHS Office of Rural Health and Community Care, the AARP Decide.Create.Share campaign, and Blue Cross and Blue Shield of North Carolina.

As it cranked up its website, the following already had more than 700 members reporting the loss of nearly 200 pounds and logging nearly 2,900 hours of healthy activities. ■

*– Jim Jones, DHHS Public Affairs*



# May is Mental Health Month

## Theme for 2013 is Pathways to Wellness

### May 5-11 is Children's Mental Health Awareness Week

Wellness is essential to living a full and productive life. While we may have different ideas about what wellness means, it does involve a set of skills and strategies that prevent the onset, or shorten the duration of, illness and promote recovery and well-being. It's about getting healthy and staying healthy.

***Pathways to Wellness*** – this year's theme for May is Mental Health Month – calls attention to strategies and approaches that can help North Carolinians achieve wellness including good mental and overall health.

"Wellness involves more than an absence of disease," says Jim Jarrard, acting director of the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). "It involves looking at the whole person, including mental and social well-being. And mental health is an essential component of overall health and well-being. The fact is our overall well-being is tied to the balance that exists between our emotional, physical, spiritual and mental health."

One in four adults – approximately 57.7 million Americans - experiences a mental health disorder in a given year. One in 17 adults lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and one in 10 children lives with a serious mental or emotional disorder.

"Whatever our situation, everyone experiences stress given the demands of daily life and the challenges it brings – at home, in school, at work and in life," says Walt Caison, Best Practice and Community Innovations team leader at DMH/DD/SAS. "Steps that build and maintain well-being and help us all achieve wellness involve a balanced diet, regular exercise, enough sleep, a sense of self-worth, developing and using coping skills that build resilience, emotional awareness, along with connections to family, friends and the community."

These steps should be accompanied by taking stock of one's well-being through regular mental health checkups.

The week of May 5-11 has also been designated by multiple advocacy groups as Children's Mental Health Awareness Week. The designation helps increase public awareness surrounding the issues of children's mental health and reduces the stigma associated with seeking treatment and to provide resources to anyone who may seek services for a child or youth. The theme for the week is "Out of the Shadows: Exposing Stigma."

"Positive mental health is essential to a child's healthy development from birth," said Jarrard. "This week communities across the state and the

nation are raising awareness about the importance of children's mental health."

One such group is North Carolina Youth Motivating Others through Voices of Experience (NC MOVE). NC MOVE is a diverse group of older North Carolina youth and young adults living with mental health challenges and substance abuse issues who are working to empower youth, raise awareness of youth challenges, and to reduce the stigma attached to mental health.

Often children are not part of the conversation regarding mental health, but serious emotional and mental health disorders in children and youth are real and are treatable. Children and youth with mental health challenges and their families deserve access to services and supports that are family-driven, youth-guided and culturally appropriate.

"Social and emotional problems impair up to 14 percent of children nationally and the consequences impact society beyond measure," said Susan Robinson, mental health program manager at DMH/DD/SAS. "Reducing barriers for families seeking help and building on child, youth and family strengths are essential steps in prevention and early intervention." ■

– Chris Pfitzer, DMH/DD/SAS

# Words Matter

## How to combat stigma associated with mental illness

On March 7 the Associated Press added an entry on mental illness to its AP Stylebook, an instrument used throughout much of the daily news publishing industry.

Traditionally, there has been a great deal of misunderstanding, fear, and stigma associated with mental illness. Stigma toward people with a mental illness has a detrimental effect on their choice to seek treatment, their ability to obtain services, the type of treatment and support they receive, their success at recovery and regaining a meaningful life, along with their acceptance in the community.

These stigmas can be reinforced or reduced by media coverage, popular culture and the way we talk about mental illness.

According to Kathleen Carroll, AP senior vice president and executive editor, "It is the right time to address how journalists handle questions of mental illness in coverage. This isn't only a question of which words one uses to describe a person's illness. There are important journalistic questions, too.

Recent national and local news coverage involving people with mental illness has been varied and often relied on stereotypes, negative portrayals and reinforced stigmas associated with mental disease.

"When is such information relevant to a story? Who is an authoritative source for a person's illness, diagnosis and treatment? These are very delicate issues and this Stylebook entry is intended to help journalists work through them thoughtfully, accurately and fairly."

Here are some of the AP Stylebook entries regarding mental illness:

- Do not describe an individual as mentally ill unless it is clearly pertinent to a story and the diagnosis is properly sourced.
- Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible: *He was diagnosed with schizophrenia, according to court documents. She was diagnosed with anorexia, according to her parents. He was treated for depression.*
- Do not use derogatory terms, such as *insane, crazy/crazed, nuts or deranged*, unless they are part of a quotation that is essential to the story.
- Avoid descriptions that connote pity, such as *afflicted with, suffers from or victim of*. Rather, he has obsessive-compulsive disorder.

- Double-check specific symptoms and diagnoses. Avoid interpreting behavior common to many people as symptoms of mental illness. Sadness, anger, exuberance and the occasional desire to be alone are normal emotions experienced by people who have mental illness as well as those who don't.
- Wherever possible, rely on people with mental illness to talk about their own diagnoses.

The Associated Press was founded in 1846 and today delivers unbiased, independent news content around the world. The AP Stylebook was initially published in 1953 and is the most used writing guide for journalists, writers and professionals.

Additional information can be found at this link.

**[www.ap.org/Content/Press-Release/2013/Entry-on-mental-illness-is-added-to-AP-Stylebook](http://www.ap.org/Content/Press-Release/2013/Entry-on-mental-illness-is-added-to-AP-Stylebook)** ■

— Chris Pfitzer N.C. Division  
of Mental Health, Developmental  
Disabilities and Substance  
Abuse Services

# ACCOLADES

## Disability Determination Services presents awards

**Linda Randolph**, a DDS employee for more than 30 years, is the recipient of the 2012 Deputy Commissioner for Operations Quality Service Honor Award, individual awardee category. The award notes her superior service and performance in all areas of her job responsibility, and identifies her as the go-to person for many managers and supervisors through DDS.

**Michelle Atkinson**, an employee since 2008 working as a case consultant for Disability Determination Services (DDS), is the recipient of the DDS first quarter PRIDE Award, for helping her fellow examiners to more effectively manage their caseloads and help develop the unit into a stronger team.

**Kathy Ross**, a Disability Examiner III who handles special caseloads for DDS is the recipient of the first quarter PRIDE Customer Service Award. An employee since 1981, she handles Quick Disability Determination, Compassionate Allowance Cases and Military Casualty Cases for DDS.

## Video selected for Telly Award

Nursing Home providers across North Carolina are being provided an instructional DVD produced for the Division of Health Service Regulation with civil monetary penalty funds from the Centers for Medicare & Medicaid Services (CMS) to promote best infection control practices. The video, titled *Gloves and Gowns*, received a Telly Award in the organization's 34th annual round, which attracted more than 11,000 entries from all 50 states. The video was developed by the UNC-SPICE program at the request of the Nursing Home Licensure and Certification Section.

**Cindy DePorter** said the original concept was to provide the DVD to nursing homes to use as an educational tool for all staff. "This is a great example of how CMP funds are being used to the benefit of all residents in nursing homes," DePorter said.



- **Doris Kester**, Division of Health Service Regulation, and **Sheila Mozingo**, Cherry Hospital, won the N.C. Flex statewide Core Accidental Death and Dismemberment enrollment contest last month. Each won an iPad.

Doris's recognition is for enrollments in a work group of fewer than 700 employees, while Sheila's recognition is for a work group of more than 700 employees. ■

**If you or someone you work with has received special recognition, let us hear about it. We need details of the recognition, and how to reach the employee and the recognizing organization. Send to [Jim.Jones@dhhs.nc.gov](mailto:Jim.Jones@dhhs.nc.gov).**